

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 101840011

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1		1		
3		1		1		
4		1		1		
5		2		1		
6		1		1		
7		1		1		
8		1		1		
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TOTAL IND.	3		3			
TOTAL DEP.	17		14			
TOTAL CLAIMS	20		17			

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